

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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|---|--------------------------------|--|---|
| 1. Agency Name <u>San Jose Arena Authority</u> Division, Department, or Region (if applicable) | | Date Stamp <u>2019 FEB 27 PM 3:38</u> | California Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) <u>Shelly Wang</u> | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number | E-mail <u>wang@sjaa.com</u> | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 225 and 82

Event Description: Charles J. Brown Date(s) 02/18/2019
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
|---|----------------------------|--|
| <u>STPD Homicide Unit</u> | <u>23</u> | <u>police event</u> |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: |
| <u>Davis, Der</u> | <u>1</u> | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>relationship / community building</u> |
| | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
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| | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Katrina Shebanow Katrina Shebanow Executive Admin Feb. 26, 2019
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____